SAINT ANN CATHOLIC CHURCH

310 North Olive Avenue West Palm Beach, FL 33401

Religious Education 561-832-3737 ext. 304

ReligiousEd@stannchurch.net

BAPTISM REQUEST FORM

ALL information MUST be provided. Please print clearly. Donation of \$100 for baptism			Date:
Child's Name: FirstMiddleLast Date of Birth/City and State of Birth Date Requested for Baptism// Please submit a copy of your child's birth certificate.			
Both or custodial parent(s) consent to the baptism? NoYes			
Father's Name: FirstAddress	City/State Cell () Registered parishion	er of St Ann? □Yes City/State location	Zip Code (Envelope #) □No*
*Email address REQUIRED for a Mother's Name: First_ Mother's Maiden Name Address Home Phone () Registered parishioner of St Ann? *If NO_name of your home parish:	MiddleRCity/StateCell () aYes (Envelope #	Last	Zip Code
*If NO, name of your home parish: Marital Status:Single If married, were you married in the Were you married at St Ann Church	Married Catholic Church?	Separated NoYes	
NOTE: One Godparent must be a practicing Catholic, must attend Baptism Preparation Class, with documentation, and must provide a Sponsor Certificate or Letter from the church they attend, if other than St. Ann Parish. Godfather's First name Middle name Last name Religion Name & City/State of Church community? Godmother's First name Middle name Last name Religion Name & City/State of Church community?			
For Office Use Only *Parents whose residence and/or home parish is outside of SAC or its boundaries REQUIRE Pastor's approval. □Granted □Denied Date Baptism Preparation Class completed: Parents// Godparents// If not Saint Ann member, Godparent#1 Certificate received/_/ Godparent#2 Certificate received/_/ Confirmed Date of Baptism:/_/ NOTES: Baptism Date/_/ Celebrant's signature			